

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Pabel	12	10-18-01
O.I.P.E. CLASSIFIER			10/29
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	E.H	715	11-07-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/6/03
2	✓	✓	1/2/03
3	✓	✓	1/2/03
4	✓	✓	1/2/03
5	✓	✓	1/2/03
6	✓	✓	1/2/03
7	N	N	
8	✓	✓	
9	✓	✓	
10	N	N	
11	✓	✓	
12	N	N	
13	N	N	
14	N	N	
15	✓	✓	
16	N	N	
17	✓	0	
18	✓		
19	✓		
20	✓		
21	✓		
22	✓		
23	✓		
24	✓		
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	✓	0	
32	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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